

10A NCAC 47B .0109 FAILURE TO REPORT

(a) The registry shall monitor the reporting of health care facilities and providers on a quarterly basis. If a health care facility or provider has failed to report at least 90 percent of its cases within six months of diagnosis, the registry shall notify the facility or provider in writing of that fact within 30 days and the facility or provider shall be given another 30 days, or up to 60 days for good cause shown, to fulfill its reporting requirement.

(b) If a facility or provider is out of compliance for two consecutive quarters and is not demonstrating progress toward becoming compliant, then the State Health Director shall direct the registry to collect the data and shall direct the facility or provider to reimburse the registry for all actual costs expended in order to obtain the data up to one hundred dollars (\$100.00) per case abstracted. The amount of the reimbursement shall include both travel expenses and the full cost of personnel time.

(c) Facilities or providers may request the director of the registry for abstracting assistance at no cost to them. The decision as to what assistance will be provided shall be based on the following:

- (1) Size of the facility;
- (2) Consistency of non-compliance;
- (3) Staffing of the registry;
- (4) Duration of needed assistance. The registry shall not provide long term abstracting assistance to any facility that has greater than 100 cases per year;
- (5) The potential for compromising the registry's data quality; and
- (6) Plans of the facility to reach compliance.

*History Note: Authority G.S. 130A-205; 130A-208 through 130A-213;
Eff. April 1, 2001;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 20, 2015.*